

RULE 63 (37 C.F.R. 1.63)
DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LOW NOISE BLOCK DOWN CONVERTER WITH REDUCED POWER CONSUMPTION

the specification of which (check applicable box(s)):

☒ is attached hereto
☐ was filed on _____ as U.S. Application Serial No. _____ (Atty Dkt. No. _____)
☐ was filed as PCT International application No. _____ on _____
 and (if applicable to U.S. or PCT application) was amended on _____

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with 37 C.F.R. 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed or, if no priority is claimed, before the filing date of this application:

Priority Foreign Application(s):

Application Number	Country	Day/Month/Year Filed
(1) 2003-083112(P)	Japan	March 25, 2003
(2) 2003-372999(P)	Japan	October 31, 2003

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

Application Number	Date/Month/Year Filed

I hereby claim the benefit under 35 U.S.C. 120/365 of all prior United States and PCT international applications listed above or below and, insofar as the subject matter of each of the claims of this application is not disclosed in such prior applications in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose material information as defined in 37 C.F.R. 1.56 which occurred between the filing date of the prior applications and the national or PCT international filing date of this application:

Prior U.S./PCT Application(s):

Application Serial No.	Day/Month/Year Filed	Status: patented pending, abandoned

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. And I hereby appoint NIXON & VANDERHYE P.C., 1100 North Glebe Rd., 8th Floor, Arlington, VA 22201-4714, telephone number (703) 816-4000 (to whom all communications are to be directed), and the following attorneys thereof (of the same address) individually and collectively my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent:

1.	Inventor's Signature: <u>Koji Motoyama</u>	Date: <u>January 8, 2004</u>
	Inventor: <u>Koji</u> (first) <u>MOTOYAMA</u> (last) <u>MI</u> (state/country) <u>Osaka/Japan</u> (citizenship)	
	Residence: (city) <u>Osaka-shi</u>	
	Post Office Address: <u>3-1-2=802, Yamasaka, Higashisumiyoshi-ku, Osaka-shi, Osaka, Japan</u>	
	(Zip Code) _____	
2.	Inventor's Signature: _____	Date: _____
	Inventor: _____ (first) _____ MI _____ (last) _____ (citizenship)	
	Residence: (city) _____ (state/country) _____	
	Post Office Address: _____	
	(Zip Code) _____	
3.	Inventor's Signature: _____	Date: _____
	Inventor: _____ (first) _____ MI _____ (last) _____ (citizenship)	
	Residence: (city) _____ (state/country) _____	
	Post Office Address: _____	
	(Zip Code) _____	

FOR ADDITIONAL INVENTORS, check box ☐ and attach sheet with same information and signature and date for each.